

Conflict of Interest ELECTED OFFICIAL

Statement of Financial Interest

RECEIVED

JAN 1 1 2023 SD Secretary of State

Deadline to file: Within 15 days after the person assumes office.

<u>Elected Officials who file:</u> State Office elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice <u>SDCL 3-1A-2</u>);

File with: The SECRETARY OF STATE except local candidates file with the office where they file their oath of office.

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation <u>SDCL 3-1A-3</u>.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality <u>SDCL 3-1A-4</u>)

Please print: Full Name Hel	ene Duhamel	
Complete Address	22 West Blyd.,	Rapid CHY, SD 57
Office (list District number if	Capplicable) Senate Dis	trict 32
What is your occupation/prof	ession?	
**If there are no changes fr		nancial Interest Statement check the box and
sign and date below.	NO Changes	
to your family's (includes special includes any enterprise in white Identify who receives the income includes and includes any enterprise in white Identify who receives the income includes are included as a second control of the income includes and includes are included as a second control of the includes are included as a second control of the includes are included as a second control of the includes are included as a second control of the includes are included as a second control of the includes are included as a second control of the includes are included as a second control of the includes are included as a second control of the includes are included as a second control of the included as a second con	ouse, minor children living at home) gross inc	
The intent of this form is to t	Name the Source of Funds	Relationship to funds
Name of Candidate or Family Member	(Ex: current employer, SD Legislature, 401K, benefits, etc.)	(Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
	true, correct and complete representation of mendar year.	re has been examined by me and to the best of myself and my immediate family's financial [[11]23]